

<div style="font-size: 2em; font-weight: bold; margin-right: 10px;">A</div> CLAIMS ONLY						Application Number <div style="font-size: 1.5em; font-family: cursive;">10/026627</div>		Filing Date	
						Applicant(s)			

* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep	4						
Total Depend	33						
Total Claims	37						

* May be used for additional claims or amendments							
	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep							
Total Depend							
Total Claims							